

NORTH DAKOTA PAYMENT REQUEST

CHECK PAYABLE TO: _____

ADDRESS: _____

PARTICIPANT NAME: _____

PARTICIPANT ID#: _____

* This form needs to be filled out for each request/receipt.

Date of Service/Purchase	Description of Service, Good or Reimbursement (attach receipt/invoice)	Service Code	Receipt Attached	Amount to Be Paid

Total:

By my signature below I certify and attest that the services that are being submitted for payment have or will be been delivered and received in accordance with the Participant's plan of care. If I am providing a "service" I certify all services are complete and provided. If I am providing a "product" I agree to provide the product as described and agreed upon. I declare that I am eligible to receive payment through a Medicaid Program, that neither I nor the company I am employed by appear on any Federal or State Exclusion Lists, and that neither I nor the owners of the company I am employed by have a criminal history that would exclude us from payment. I understand that payment of this claim may be from the use of Federal and State funds, and that I may be prosecuted under applicable Federal or State laws, for any false claims, statements or documents or concealment of material fact. Misuse of funds may result in me being fined or penalized including but not limited to the repayment of this claim, collection costs, and legal fees. I understand that any costs incurred due to the submission of a false claim is my legal responsibility. If I am paid in error I understand it is my responsibility to repay the funds not owed to me. I also authorize Veridian to withdraw/withhold any overpaid funds from future payment. Medicaid fraud is considered a crime and will be investigated and is punishable by law.

Vendor signature: _____ Date: _____

Participant/Authorized representative signature: _____ Date: _____

For due dates and paydays, please review Payment Schedule located online at www.veridianfiscalsolutions.org/nd.

SEND TO:

- Email as PDF attachment To: NorthDakota@veridiancu.org
- Fax To: (855) 828-0729
- Mail To: Veridian Fiscal Solutions

PO Box 4502
Waterloo, IA 50704

